

**State of New Jersey
Department of Corrections
Division of Programs and Community Services
Office of Community Programs**

**APPLICATION FOR CONTRACTUAL SERVICES
RESIDENTIAL COMMUNITY RELEASE PROGRAMS (RCRP)**

This application must be completed in full by the Chief Executive Officer of the agency desiring to enter into a contract with the New Jersey Department of Corrections (NJDOC) for the provision of residential community release services for male and female inmates. If you will be submitting proposals for multiple sites, you must complete an application for each facility/program.

The form is self-explanatory. Complete it as accurately and concisely as possible. If needed, you may attach more detailed responses.

RETURN TO:

New Jersey Department of Corrections
Division of Programs and Community Programs
Office of Community Programs
P.O. Box 863
Trenton, N. J. 08625-0863

Attention: Anthony C. Falcone
Project Manager

I hereby certify that the information provided in this application is, to the best of my knowledge, true and correct.

(Name of Facility or Program)

(Signature of Individual Authorized to Sign Contract)

(Title)

(Date Submitted)

I
AGENCY INFORMATION

Facility/Program Name: _____

Is this Program currently in operation? ☐ Yes ☐ No

If not, when will it be ready? _____

A. Name of agency that will be responsible for the operation of the program

Name _____

Address _____

County _____ Tel: _____

Fax: _____ E-mail: _____

B. Type of Corporation: ☐ Profit ☐ Non-profit ☐ Religious

C. Person responsible for the administration of the program

Name Title

Address _____
(if different from above)

Tel: _____ Fax: (if different from above) _____

D. Please attach copies of the following:

1. Certificate of Incorporation
2. Annual Report to Secretary of State of New Jersey
3. Most recent agency audit and/or fiscal statement
4. Internal Revenue Service Tax Exempt Certificate or Letter
5. Annual Report of a Charitable Organization (CO – 1 or CO – 3)
6. List of your agency's current and previous contracts (programs) including contact persons and addresses.
7. Source Disclosure Certification (Executive Order No. 129, September 9, 2004)
8. Proof of Business Registration Certificate (BRC)
9. Executive Order 134 Certification, Restrictions on Political Contributions ("Pay-to-Play" Ban)

E. Does agency have any litigation pending? ☐ Yes ☐ No
If yes, please explain and provide status in attachment.

F. Is agency current with all state and federal tax payments? ☐ Yes ☐ No
If no, please explain and provide status.

Facility/Program Name: _____

G. Is agency involved in disputes with local or state authorities? ☐ Yes ☐ No
If yes, please explain and provide status.

H. Has agency at anytime filed for bankruptcy protection? ☐ Yes ☐ No
If yes, please explain and provide status.

I. Has local or state authorities imposed fines or sanctions on agency in past 5 years? ☐ Yes ☐ No
If yes, please explain and provide status.

J. Years of experience in similar enterprise _____.

K. Briefly describe the history and background of your agency, including its most significant accomplishments. (Attach any brochures or relevant information describing your organization.) _____

L. Briefly describe your agency's current community involvement in the area to be served and your ability to develop local community and/or political support for the program.

II
FACILITY/PROGRAM INFORMATION

Facility/Program Name: _____

A. Address of facility in which contractual services are to be provided.

B. Which state agency licenses your program and for what purpose? _____

C. Please attach copies of the following:

1. Certificate of Occupancy or Certificate of Need
2. Fire and health inspection reports (most recent)
3. Facility license (Department of Community Affairs, Department of Health and Senior Services, etc.)
4. Letters of support for the program from local community organizations or public officials.

D. Does facility meet state and local zoning requirements and multiple occupancy standards?

☐ Yes ☐ No If no, please explain.

E. What is your facility's client capacity?

Residential	Males	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Females	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>
Non-Residential	Males	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Females	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>

F. If zoning use variance is necessary, please indicate status and/or date of application.

III
APPENDIX CHECKLIST

Facility/Program Name: _____

Section I – Agency Information

- A. ☐ Certificate of Incorporation
- B. ☐ Annual Report to Secretary of State of New Jersey
- C. ☐ Agency Audit/Fiscal Report
- D. ☐ Tax Exempt Certificate/Letter
- E. ☐ Charitable Organization/Annual Report
- F. ☐ Current/Previous Contracts
- G. ☐ Explanation and status of pending litigation (if applicable)
- H. ☐ Explanation and status of past due state and federal tax payments (if applicable)
- I. ☐ Explanation and status of disputes with local or state authorities (if applicable)
- J. ☐ Explanation and status of bankruptcy protection (if applicable)
- K. ☐ Explanation and status of state imposed fines or sanctions (if applicable)
- L. ☐ Source Disclosure Certification (Executive Order No. 129, September 9, 2004)
- M. ☐ Proof of Business Registration Certificate (BRC)
- N. ☐ Executive Order 134 Certification, Restrictions on Political Contributions ("Pay-to-Play" Ban)

Section II – Facility/Program Information

- A. ☐ Certificate of Occupancy or Certificate of Need
- B. ☐ Fire and Health Inspection Reports
- C. ☐ Facility License
- D. ☐ Letters of Support

Please note: Any document listed above that is also listed in the Request for Proposals must only be submitted with this application.